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ABSTRACT

The planning and design of a course for the inactive registered nurse desiring to return to active practice is reported in this practicum paper. Current literature was reviewed with emphasis on the needs in rural states, such as Vermont, and characteristics of the target group. The first three modules of the course were developed, entitled: The Nursing Process, The Endocrine System, and The Transport System. Other modules were identified for future development, including: Oxygen Deprivation; The Infectious Process; Neurological Problems; Skeletal Problems; Nutrition in Disease; Proliferation of Cells; Focus on Abnormal Behaviors; Common Maternal and Child Health Problems; and Legal Implications of Nursing. Various methods of print and non-print materials would be used. Evaluation of learning would be through pre- and post-tests. Recommendations include submitting the first three prepared modules to the Vermont State Board of Nursing for approval. If approved, the remaining modules would be completed and the course offered through the Department of Continuing Education to all inactive nurses within the state. Evaluation of the effect of the course would be through a follow-up study of the nurse and employer in six months.
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THE DESIGNING AND DEVELOPING OF A PROGRAM TO PREPARE INACTIVE REGISTERED NURSES FOR REENTRY INTO PRACTICE

CURRICULUM DEVELOPMENT

By

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BRISTOL CLUSTER

HE 009 446

A PRACTICUM PRESENTED TO NOVA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF EDUCATION

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CURRICULUM DEVELOPMENT BRISTOL CLUSTER

The purpose of the study was to plan and design a course to meet the needs of the inactive Registered Nurse desiring to return to active practice.

The procedure in developing the course was to review current literature to determine what had been done for the inactive nurse in the United States. Emphasis was made on the more rural states to determine those needs that were unique in small rural states such as Vermont. Characteristics of the target group were studied to determine their specific needs. From these identified needs the course was developed.

Based upon the findings the first three modules of the course were developed. The completed modules were entitled: The Nursing Process; The Endocrine System; and, The Transport System. Other modules were identified for future development and include: Oxygen Deprivation; The Infectious Process; Neurological Problems; Skeletal Problems; Nutrition in Disease; Proliferation of Cells; Focus on Abnormal Behaviors; Common Maternal and Child Health Problems; and, Legal Implications of Nursing.

Various methods of print and non-print learning experiences would be used. Evaluation of learning would be through a pre/post test.

Recommendations included submitting the first three prepared modules to the Vermont State Board of Nursing for approval. If approved, the remaining modules would be completed and the course would be offered through the Department of Continuing Education to all inactive nurses within the State. Evaluation of the effect of the course would be through a follow-up study of the nurse and her employer in six months.

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Chapter 1

INTRODUCTION

The purpose of the study was to plan and develop a course to meet the needs of the Registered Nurse (R.N.) who has not practiced nursing within the past five years. The developed course would enable the inactive nurse to update her basic knowledge and to acquire new knowledge and skills in preparation for reentry back into practice.

The course was designed to meet the new administrative rules that were adopted by the Vermont State Board of Nursing in July, 1976. Within these rules was the statement that the R.N. "who has not practiced nursing for five or more years . . . shall be required to review and update . . . knowledge, skills and abilities at the level of the applicant's registration and initial licensure . . . (p.26)." By the adoption of this rule the intent of the State Board of Nursing was to protect the citizens of Vermont by insuring that the inactive R.N. would reenter practice at the minimum level of competency required of a newly graduated nurse who has passed the examination required to be licensed as a Registered Nurse.

Subsequent to the passage of the ruling, an ad hoc committee of the Vermont State Nurses Association, the professional state organization for the R.N., was formed to address the problems of the inactive R.N. During the meetings of the committee, it was

proposed that a course be prepared and submitted for approval to the Vermont State Board of Nursing. Once approved, the course would be offered to all inactive R.N.'s through the Continuing Education Department in conjunction with the Department of Nursing at Castleton State College.

There has never been a formalized reentry course in Vermont. The only way the returning R.N. was able to update her knowledge and skills had been sporadic and apparently unsatisfactory. In most instances, the R.N. desiring to reenter practice had to find a hospital or nursing home that would take the nurse 'under their wing' by hiring her and then allowing her to relearn skills and knowledge 'on-the-job.' There had not been any input from the State Board of Nursing nor any education program into the endeavor.

Occasionally, an inactive R.N. had approached the Nursing Department at Castleton State College to inquire about a reentry or, as it was usually called, a 'refresher' course. None was offered; however, if room was available within the undergraduate nursing class, the R.N. was allowed to audit the second year of the associate degree program. That proved to be unsatisfactory, was too time consuming, and did not seem to be what the R.N. felt she needed. In most instances, the R.N. usually dropped out before mid-term, demonstrating that what was being offered to the undergraduate nurse was not what would assist her in reaching her goal of reentering the nursing field. Also, by having been put into a class with students that were not R.N.'s, the nurse probably felt threatened because in many

instances, depending on when she graduated, her knowledge was well below that of the student nurses. Within the past ten years, the method of performing many of the nursing skills had changed as technology has progressed. Therefore, the R.N. who attempted to audit the program found it most difficult to transfer some of her outdated knowledge and skills to new equipment and procedures.

Instructors also had minimal time to assist the R.N. because their first priority was to the present nursing student. Consequently, the R.N. found herself with little of the support and encouragement that was needed to be able to satisfactorily return to nursing.

Another problem that was unique within the nursing profession was that it has been predominently female. Thus creating the fact that most of the R.N.'s have family responsibilities that would not allow them to leave their homes for a semester or so to attend a reentry course, no matter how badly it was needed for professional or financial reasons.

The development of the reentry program was an attempt to meet the identified needs of these nurses. Through the development of the course, by utilizing a modular format that would be individualized and self-paced, the inactive R.N. could be guided through the program of study as rapidly or as slowly as she desires. Another advantage of such a course would be that it could be used in a variety of settings. The nurse would be able to do much of the study in a setting she prefers at a time that would best meet her needs.

The literature was reviewed to determine how other institutions and states had approached the educational needs of the

of the inactive R.N., how effective the offered programs had been, and the problems encountered. Through studying their approaches and problems it would be possible to avoid or revise areas that had proven to be ineffective or even a hindrance to student learning. Further review included various curriculum designs to determine which would be most appropriate in developing a specific format for the course.

Chapter 2

BACKGROUND AND SIGNIFICANCE

In developing the course, current literature was reviewed to determine what had previously been done to assist the inactive Registered Nurse; to identify characteristics of the target group that would have a distinct impact on how the course was developed; and, to identify curriculum theories that would assist in determining the format to be used.

Previous programs and observations

In reviewing the literature to ascertain what had been done in other areas in the United States to assist the inactive Registered Nurse, it was observed that since 1930 hospitals or other employing institutions of nurses had been offering programs. However, there seemed to be little correlation among various programs. Wooley (1966) cites that 'refresher' courses were offered sporadically and had been helpful in assisting the inactive Registered Nurse, but only in a limited way. In most instances, the programs were very narrow in scope. The 'refresher' courses were usually given to assist the employing institution to meet their own staffing needs; therefore, in many instances, the course had little application to other nursing areas outside of that institution.

The acute shortage of Registered Nurses has gradually subsided, particularly in the New England area. As wages and

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Characteristics of the target group

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1. The reasons for leaving nursing were diverse. There could be many reasons why the nurse chose to discontinue the practice of nursing. The most common reasons were marriage, children, unsuitable hours, and inadequate salaries (Marshall and Bruhn, 1967; Wooley, 1966). Nakamoto and Verner (1972) also cite that in some cases it was not a matter of the nurse having been 'pulled away' but of being pushed away, due to dissatisfaction and disillusionment of nursing.

2. The basic program that the Registered Nurse attended differed with the type of school attended. Depending upon the type of school, the amount of knowledge acquired by the individual nurse could vary considerably. To become a Registered Nurse a student can attend four separate and distinct schools. All of the schools lead to the graduate being eligible to sit for the same state board licensing examination and Registered Nurse licensure. The four ways of preparation were: the two year or associate degree program, usually found in community colleges; the three year or diploma program that was a hospital based school; the four year or bachelors degree programs found in four year colleges and universities; and, to confuse the situation further, there have been at least two programs preparing the college graduate with a bachelors degree in another discipline to become a Registered Nurse and earn a Masters in Nursing at the same time.

3. The number of years since graduation and practice can vary considerably. Many Registered Nurses have never practiced since graduation. In some instances, the nurse married and for a variety of reasons chose not to practice nursing. Nakamoto and Verner (1971) cite that nurses leave because, as a predominently

female profession, the career of the nurse was considered to be of secondary importance. The role of homemaker, wife, and mother was her primary role.

4. Some nurses have maintained a high interest in nursing, even though not actually being employed or participating in volunteer programs. They have continued to belong to the professional nursing organization and have continued to increase or maintain their theoretical knowledge through individualized study or attendance at workshops and seminars.

5. Another characteristic of the involved group was that the Registered Nurse's age was well above the traditional college age student. They would be considered as adult learners. Their ages would vary widely, from approximately 30 to 64 years of age. As an adult learner, she would know what her deficiencies and needs were, the method in which she would learn best, and, therefore, would be able to set her own pace for the most effective learning in reaching her goal. As Knowles (1970:50) cites, "the individual is motivated to engage in learning to the extent that he feels a need to learn and perceives a personal goal that learning will help to achieve."

6. The reasons for taking a reentry course vary. Some Registered Nurses plan on taking the course only to keep their license current and have no definite plans to seek employment in the near future. Other reasons could be that the family needs a second income to assist in meeting financial needs, or the nurse's family responsibilities have lightened to the point where she could reenter the field again.

7. Even though major changes have taken place in nursing practice, some of the nurse's past knowledge has been retained and would be applicable in nursing today. Cooper (1970) cited that specific areas have changed little through the years; e.g., the feeding and bathing of patients.

8. There has also been marked changes in nursing, due to the knowledge explosion in the health field. There have been new drugs discovered, changes in equipment (e.g., disposable equipment), new mechanical devices, special beds to turn and care for patients, expansion of intensive and progressive care units, new workers have been added to the health care scene, professional review and auditing boards, problem oriented medical records, and the tremendous rise in malpractice suits that have increasingly included nurses.

9. The inactive Registered Nurse in Vermont has the problem of living in a predominently rural and mountainous area. Educational opportunities for the Registered Nurse had been limited, due to the wide dispersement of nurses. Many of the R.N.'s have the problem of being unable to freely move about, due to family responsibilities and, therefore, have been unable to attend a college or university.

In meeting the educational needs, programs have, at times, been offered through educational television. However, they have only reached some, not all, of the nurses because of the mountainous terrain. Programs could not be beamed throughout Vermont, without the building of additional towers and antennas which has not been feasible due to Vermont's presently poor economic situation.

Curriculum Theories

In reviewing the literature to determine the format for the development of the course, curriculum theories were explored

to find an approach that would most facilitate the instructional process:

1. The instruction must be individualized. The individual student's needs must be determined. Included in the identification of what is needed would be the expected behavioral outcomes of the student at the completion of the course of study (Dickinson and Verner, 1974; Cooper and Hornbeck, 1973; Hauer, Romm and Hawkins, 1975). However, for learning to take place more readily, the format for separate units must be similar in design. Magidson (1975) cited that in order for individualized instruction to be effective, the course should follow a prescribed design which would serve as a guideline for the learning process.

2. The adult is an independent person who would be a more self-directed learner (DuBois, 1971; Knowles, 1973). The adult learner needs to know what has to be learned and given the option of choosing among several learning experiences.

3. To describe and emphasize the importance and value of what has to be learned a rationale should be stated. Brown (1971) cited that for real learning to take place, the value must be apparent to the learner.

4. To enhance the learning process, past knowledge and experiences must be utilized. To bring a mental picture of how what has to be learned fits into the student's prior knowledge, a concept can be stated. Gagné (1965) cited that what the student has brought to the learning situation would determine what was needed for subsequent learning.

5. Behavioral objectives "are the basic building blocks of a course (Herrescher, Roberts and Rouche, 1973:19)." The use

of behavioral objectives would enable the student to know exactly what was expected of them throughout the course of study.

Behavioral objectives fall into three domains: Cognitive; Affective; and Psychomotor.

Kibler, Barker, and Miles (1970:47) cite that cognitive behavioral objectives were those objectives that "emphasize intellectual learning, problem solving tasks . . . [ranging] from simple recall tasks to placing previously learned material into new constructs and synthesizing bodies of learned information."

Affective behavioral objectives were those that include the emotional aspects of learning. For learning to take place, previous experiences must be considered because the individual's viewpoint, biases, or emotional overtones would influence the way the student would learn.

Psychomotor behavioral objectives were those that would include physical activities, or skills, such as swimming, bed-making, or running.

6. Learning experiences identify various methods that would aid the student in meeting behavioral objectives. Experiences could include audiovisual, print, discussion, demonstration of real or simulated objects, or role playing (Rouche and Herrscher, 1973). Cooper and Hornback (1975) state that the role of the teacher was one of guiding the learner and in stimulating self-education that would be an ongoing, continuous, lifelong process.

7. Learning must be at mastery level. Mastery level, according to Glazer and Nitko (1971), would be that level that would be attained by most students.

Institutional perspective

Castleton State College has a policy of providing courses and instruction to meet the needs of students, once those needs have been identified. The college has increased offerings, as the need arose, particularly in the southern part of Vermont.

By offering the reentry course, it would meet a definite need in the State of Vermont. According to the New England Board of Higher Education (1974), at least 4,000 nurses have been licensed as Registered Nurses in Vermont. Of that number, 1,550 were listed as inactive or unemployed in nursing.

The course would enlarge offerings to Registered Nurses and would be offered through the Department of Continuing Education.

Another advantage in offering the course was that the nurse from an associate degree or hospital diploma school would become eligible to enter the upper level nursing program offered at the College. One of the entrance requirements to the Bachelor of Science with a major in nursing is that the Registered Nurse must document that he/she has been actively employed within the three preceding years. By offering the reentry course, the nurse would be able to meet that requirement much more easily than previously.

Chapter 3

PROCEDURE

The method utilized in developing the course for the inactive nurse to return to the practice of her profession was developed through consultation with various groups in the State of Vermont. These groups were: five inactive Registered Nurses; an ad hoc committee of the Vermont State Nurses Association; the State Board of Nursing; and, the director of nurses at Rutland Hospital and Beverly Manor Convalescent Center, Rutland, Vermont.

The five inactive Registered Nurses become involved because of their interest in returning to nursing. Through an interview with each nurse, several factors emerged that could prove to be an impediment in their quest to return to practice. Foremost, the apprehension they projected about their lack of current skills and knowledge; and the amount of support they apparently would need to help them to overcome fears of inadequacy in a clinical setting. Another factor that was identified was the amount of new knowledge that would have to be learned. The nurses felt that there would be too much to review or learn in a short period of time and would prefer to have the required knowledge divided into small units. The course should also be self-paced, with the study/learning process being done at a time and place that would be most beneficial and convenient for them.

The ad hoc committee of the Vermont State Nurses Association and the State Board of Nurses were instrumental in defining specific content areas to be covered and the specific skills the reentering R.N. would need to possess, before becoming a competent practitioner. These suggestions were incorporated into the identified content modules.

The directors of nurses at Rutland Hospital and Beverly Manor Convalescent Center were also consulted. Their greatest concern was the obsolete and/or inept skills of the concerned nurses. The subsequent result of the meeting was the decision that the R.N. would practice in the College nursing skills laboratory, before entering a clinical facility to give nursing care. Skills within the College nursing skills laboratory would include the study, manipulation, and utilization of new equipment, and the practice of specific skills, under the supervision of a nursing faculty member. Once the College instructor was satisfied with the skills of the R.N., she would then be allowed to practice in a nursing care facility under the supervision of a competent Registered Nurse.

In determining the approach to use in developing the modules, a systems approach was adopted. The systems approach used was a variation of Herrscher's (1973:16) "instructional system." Herrscher's instructional system consists of six steps which include: the rationale, instructional objectives, pre-assessment of student knowledge, learning activities, post assessment, and revisions. (Figure 1 is a model of Herrscher's Instructional System.)

The resultant approach developed included the following rationale for the module to be studied; Pretest for current knowledge of the nurse; Concepts stated for the 'whole' of what was to be learned; Behavioral Objectives leading to each stated concept; Learning Experiences to assist the student in learning the behavioral objectives; and, the Post Test that was constructed from the behavioral objectives. Revisions would be continuous for each unit and would be based upon student evaluation of the modules when the nurse completed the unit, or would be updated, as new knowledge within the field of nursing developed.

Examples of modules that were developed, using the described format, have been included in the appendix. (Figure 2 show variations of Herrscher's Instructional System, as used in preparation of modules in the Reentry Course For Inactive R.N.'s.)

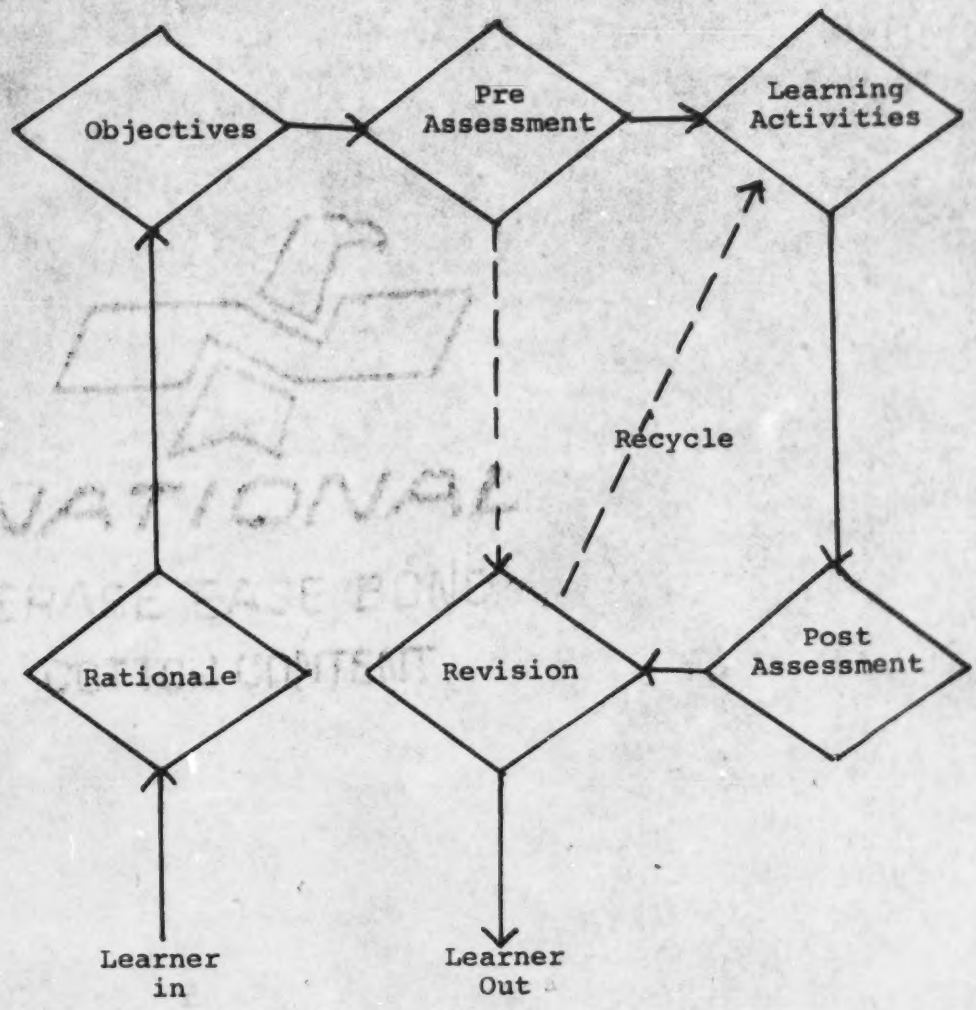

Figure 1

Herrscher's (1973:16) Instructional System

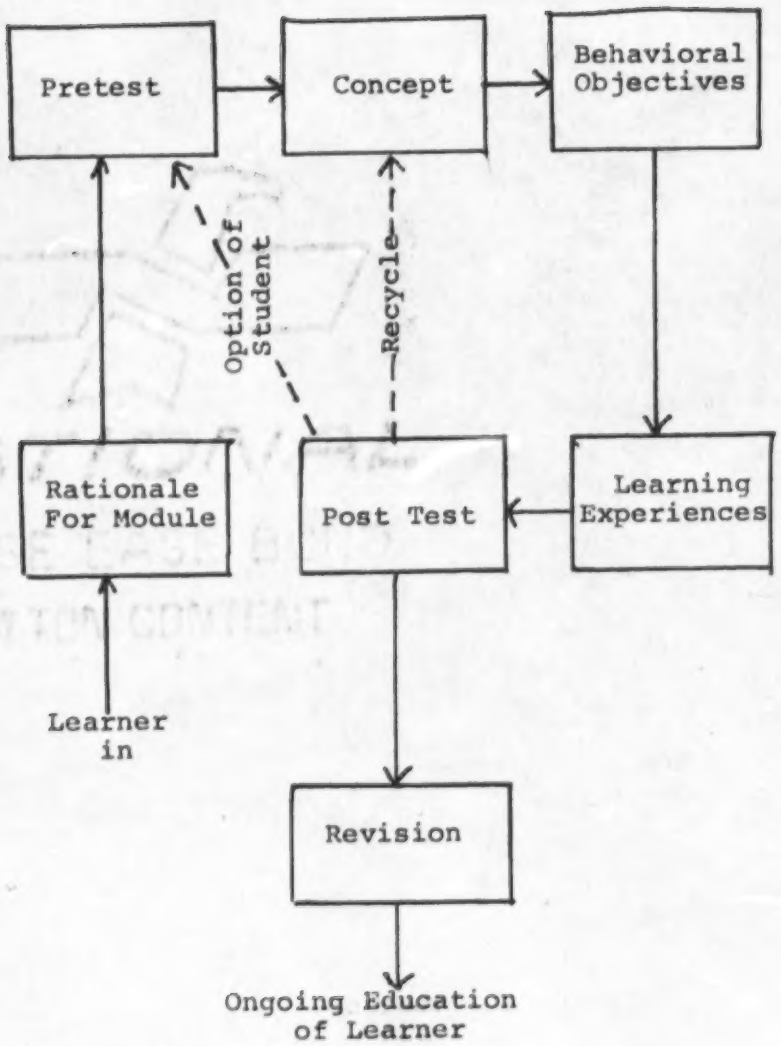

Figure 2

Variation of Herrscher's Instructional System as used in preparation of modules in the Reentry Course For Inactive R.N.'s

Chapter 4

RESULTS

The method utilized in preparing the course for the inactive Registered Nurse was to break down the content into units that could be included into modules. The modules would be small enough to enable the Registered Nurse to progress through them and to constantly evaluate whether learning had occurred before too much material had been covered.

The design and preparation was in written form, with each module including the necessary theoritical knowledge needed to assess patient needs and to plan needed nursing care. Twelve modules have been planned and would be entitled: The Nursing Process; The Endocrine System; The Transport System; Oxygen Deprivation; Infectious Process; Nutrition in Disease; Proliferation of Cells; Focus on Abnormal Behaviors; Skeletal Problems; Maternal and Child Health Problems; and, Legal Implications of Nursing.

The modules within the course were developed through the use of the following curriculum theories.

1. The instruction had to be individualized. Nurses vary widely in their generic preparation, their year of initial graduation, the number of years of practicing nursing, and the amount of continuing education and/or self-study while inactive.

2. The modules were developed so that the Registered Nurse would be a more self-directed learner. The format for

each module was similar, so learning would take place more readily.

3. The pretest was designed to determine the knowledge of the nurse, before studying the module. In some instances, the R.N., through prior study, would decide that further study in a particular module would be unnecessary after taking the pre-test. In that instance, the nurse would proceed directly to the post test and, if past successfully, would continue on to the other modules.

4. Each module was prepared with a rationale for the study of that aspect of the course. The rationale described and emphasized to the nurse the value of what was to be learned. By increasing the perceived meaningfulness of each unit, the learning process would be enhanced. The need, as an adult learner, would be met and the nurse would be further motivated to learn that content. With successful completion of the module, the nurse would be more inclined to continue through the course of study to its completion.

5. Concepts were stated so that the whole to be learned would be known to the nurse. By stating concepts, the nurse would be able to create an overall mental picture of what was to be learned. She could visualize a 'whole' from using past knowledge and experience.

6. The use of behavioral objectives would enable the nurse to know exactly what was expected of her. To not only successfully complete the units and modules, but to aid in the identification of various components of the acquisition of know-

ledge through the post test would be b
objectives.

7. Learning experiences were i
specific behavioral objectives. Exper
variety to meet the learning needs of
the rural nature of Vermont, and the F
responsibilities, materials identified
would be readily available in most hos
or nursing homes. Resources in those
professional journals and books, and c
situations for the demonstration and/c
Taped lectures or other audiovisual ma
available and could be borrowed from t
Castleton State College.

8. Learning would be at master
would be by a post test, after complet
tests developed were criterion referer
multiple choice format. Mastery level
80 percent.

Modules I, II, and III have be
has been included in the appendix.)
with the Vermont State Board of Nurses
review what had been completed for app
tion of the remaining nine modules.
been to submit the introduction and th
them, before developing others, to in
content follow their expectations and

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Chapter 5

DISCUSSION, IMPLICATIONS AND THE RECOMMENDATIONS

Through the use of a systems approach, the course was designed and developed. The student would use the modules as a learning guide. She would be able to proceed through the modules at her own pace. Depending upon the nurse's educational background, years since graduation from nursing school and practice, and how well she has maintained and updated her knowledge, the nurse would move as rapidly as she desired through the course. The course must be completed by the nurse within the year that her conditional permit from the Vermont State Board of Nursing is valid, or she would not receive her permanent license.

To enable the nurse to understand the whole of what has to be learned, specific concepts were stated. The concepts would lead from the simple to the more complex areas within the module.

Learning experiences were listed to guide the student to the various kinds of learning for the identified behavioral objective. Audiovisual materials would be made available to the student and she would be allowed to borrow them for a month at a time. When the program was being developed, it was hoped that televised lectures and/or programs could be used. The use of such programs had to be ruled out because of the lack of accessibility of the program to many parts of Vermont, due to

the mountainous terrain and the expense of towers that would be needed to beam programs to all parts of the state.

The course was developed because of the lack of such a program in this area that would meet the needs of the nurse desiring to reenter nursing. Until recently, employers of nurses were willing to assist the returning nurse. However, most of the 'refresher' courses were limited in nature and were, in most instances, designed to meet only the needs of that hospital or nursing home, rather than insuring that the generalized nursing knowledge of the R.N. was brought to a more current level. Also, in the past few years in the New England States, the shortage of nurses has eased and, therefore, the institutions have been reluctant to hire and assume the cost of assisting a nurse who has not practiced for many years. The inactive nurse, therefore, has been unable to find a way to become skillful and knowledgeable again in her field.

The course contains twelve modules. Three of the modules have been completed. Before the remainder of the modules can be completed, the first three must be submitted to the Vermont State Board of Nursing for approval. Once approved, the other nine modules would be completed. When completed, the course would then be offered through the Department of Continuing Education of the College as an independent, self-paced course.

Utilization of the module was planned to be coordinated by a faculty member of the Department of Nursing. The reentering Registered Nurse would be interviewed in an attempt to identify her specific needs, how well she has maintained her knowledge, how many years since practicing, why she decided to return to

nursing, and the type of nursing specialty in which she plans on seeking employment. The information would be used to assist in individualizing the modules, by determining the needs of the nurse and the type of agency that would best meet her needs in practicing skills and using the theoritical knowledge. For example, the nurse may plan on entering the field of geriatric nursing; therefore, the best agency to place her for the clinical experiences would be in a convalescent center or nursing home, not an acute care hospital. The type of agency to be used for practice would be contacted and the necessary arrangements made.

Another implication in assisting the nurse to renew and learn new skills and gain new knowledge would be to demonstrate the importance of continuing education. The Registered Nurse must continually pursue study to remain current in new developments within nursing, particularly in the area in which she will be practicing.

An evaluation of the reentry course would be the final step to ensure that the content and method of instruction were effective. The evaluation would not only include the R.N. completing the course, but also the employing institution. The results of the study would be used to initiate revisions within the content and methodology areas.

By the preparation, implementation, and evaluation of the success of such an individualized, self-paced study, a significant step may have been taken in meeting one of the College's stated goals. Castleton State College has the mission of attempting to meet the unique educational needs of a rural population. The instructional packet developed would be

administered and monitored by a campus based teacher, who would be used as a resource to guide the student and assist her with problems that would be specific to this type of student.

The course would be assigned Continuing Education Credits (CEU), not college credit. The rationale for not awarding college credit was that the knowledge contained in the program has been considered to be that knowledge the practicing nurse would have maintained while practicing. Therefore, the content would be either a repeat of what the nurse had, or should have had to remain a competent practicing nurse. The continuing education credits given would assist the nurse in meeting her obligation of continuing her education for relicensure as a Registered Nurse in Vermont.

One CEU has been determined to equal approximately ten contact hours of instruction (Dunlap, 1973). The determination of CEU credit to be awarded for the course would be 4.5, or the approximate equivalent of a three credit college course. The Registered Nurse would be charged the same rate as the student that registers for a three credit course.

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APPENDIX

REENTRY COURSE FOR REGISTERED NURSES

Objective of the course: To prepare the inactive Registered Nurse for reentry into nursing practice at the current entry level required for all newly licensed Registered Nurses.

Rationale: The reentry course for Registered Nurses is designed to prepare the inactive nurse to return to active participation and practice in the profession. The course is not designed to be an end in itself, but a re-beginning to the lifelong study of nursing and nursing practice. As knowledge within the health field increases, and procedures, techniques, and machinery change or are revised, it is the nurses responsibility, as a professional, to continue to maintain and remain current in that area of nursing that he/she practices in.

Introduction to the use of the modules: The reentry course is prepared in modular form. Depending upon the individuals background and knowledge, the reentering Registered Nurse may not need to complete all, or most of the modules. The number will be determined by an interview with the instructor coordinating the course and by the pre and post test that accompany each module.

All modules are self-paced and can be completed through independent study. The student may progress as rapidly or as slowly as he/she desires. There will be no formal class meetings. The only 'formalized' planned times will be those that are to

determine the specific skills that may need to be practiced, the times decided for the use of the clinical areas and when the pre or post test will be taken.

All print materials needed to meet learning objectives in the modules should be readily available through various health facilities, or through the Department of Nursing at Castleton State College. Audiovisual materials are also available and can be borrowed or used in the CSC Nursing Department's Audiovisual Laboratory. Those materials borrowed from the Nursing Department may be kept for no longer than one month.

It is highly recommended that the student purchase the following textbook from the CSC Book Store: Smith, Dorothy and Carol Germain, Care of the Adult Patient, (4th ed.) New York: J. B. Lippincott, 1975. Also, the student may desire to buy a pharmacology textbook.

Other literature cited in the modules should be readily accessible in a health care facility. These sources are: The American Journal of Nursing, (AJN); Nursing Outlook, (NO); Nursing 72; 73; 74; 75; 76; or, 77; Nursing Clinics of North America.

Clinical Practice: The updating and practice of basic nursing skills will be started during the first module: The Nursing Process. For these skills and subsequent clinical practice, the student will be required to have a white uniform, stockings, and shoes; a watch with a sweep second hand and other items needed to carry out nursing care in a health care facility. Prior to entering the clinical facility, the student will assess his/her skills to determine those that need to be reviewed and/or updated.

Appropriate practice time and the necessary materials needed will be determined and made available.

As each modular unit is completed, arrangements will be made for the post test of each unit, as well as a pre test for the following unit. You may progress through the units, as desired. However, the limited permit from the State Board of Nursing is for a one year period; therefore, this course of study must be completed prior to its expiration date.

Clinical practice will commence after the coordinating instructor and you feel that your skills are at a level to give safe, satisfactory nursing care. Clinical practice will coincide with the objectives of the modules.

The amount of clinical practice may vary with each nurse. Clinical practice will be at LEAST two consecutive days per week, for a period of no less than eight weeks. The times and days will be decided jointly by the reentering nurse, the representative from the clinical facility involved and the coordinator from Castleton State College Department of Nursing. Those times and days decided upon will depend upon the specific needs of the individual nurse. This length of time needed to rebuild an adequate skill level will be decided by the returning nurse and the CSC faculty member, at the time of the skills review in the college laboratory. These needs will then be put in a written contract form and signed by the returning nurse, the health institutional representative and the nursing department representative.

Modular Format: Each of the twelve modules follow the same format. This format is: Rationale for the module; pre test;

concepts; behavioral objectives; learning experiences; post test.

The post test must be passed at mastery level, which is considered to be 80 percent. The post test may be taken more than once, if this level is not reached the first time; however, the test given will not necessarily be the same one.

The modules are entitled as follows:

Module 1. The Nursing Process
2. The Endocrine System
3. The Transport System
4. Oxygen Deprivation
5. The Infectious Process
6. Neurological Problems
7. Skeletal Problems
8. Nutrition in Disease
9. Proliferation of Cells
10. Focus on Abnormal Behaviors
11. Common Maternal and Child Health Problems
12. Legal Implications of Nursing

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Module 1

THE NURSING PROCESS

Rationale: To aid you in your goal of reentering the field of nursing, a logical starting point is through an introduction, or reorientation, to the Nursing Process.

The Nursing Process is a systems approach in giving patient care. It will assist you in giving the patient care in a comprehensive, empathetic, organized, and efficient way. The Nursing Process is the sum total of all the nursing care activities you will perform to attain and maintain as high a level of wellness as is possible for each patient.

The Nursing Process is a way of observing how well the goals of the patient are being met; whether progress is satisfactory, or possibly, the goal you stated is unrealistic. In instances where the goal cannot be met, or must be modified, then the Nursing Process will provide you with a way to retrace your steps to revise and modify the plan, as is necessary. In other words, the steps you take within the Nursing Process are dynamic and ever changing, continually influencing and interrelating with each other, as you plan, implement, and evaluate your nursing care.

THE NURSING PROCESS

Pre Test

1. The Nursing Process is a scientific approach to giving patient care. It consists of (in proper order)
    1. evaluation, assessment, reorganizing, empathizing, skills.
    2. observation, assessment, planning, implementation and evaluation.
    3. admission, implementation, assessment, discharging.
    4. planning, assessing, observing, evaluating.

2. Prerequisite knowledge needed to correctly assess a patient's needs is the ability to
    1. use medical skills adequately.
    2. utilize nursing quality control systems.
    3. write nursing orders clearly.
    4. identify deviations from normal.

3. In goal setting, the nurse must be able to identify long term goals and
    1. short term goals of the physician.
    2. the discharge plans of the patient.
    3. immediate goals of nursing and medical regimes.
    4. determine if the plan is meeting those goals.

4. The nursing interview, history, observations, and physical examination are tools used in the following step of the Nursing Process.
    1. assessment.
    2. planning and goal setting.
    3. implementation.
    4. plan evaluation.

5. The evaluation of the effectiveness of the Nursing Process is
    1. a final but continuous phase.
    2. completed once, then the planning and implementing phase is over.
    3. only carried out, if you give the care.
    4. always carried out, by the head nurse only.

6. Mrs. J. Jones states to you that she does not want to live any longer and feels very depressed. This observation would be
    1. subjective.
    2. objective.
    3. assessment.
    4. all of the above.

7. Nursing care plans should be writt
The reason this must be done is to
1. mainly direct all of the n
2. clarify and solidify nursi
3. be certain that all medica
out.
4. communicate more effective

8. Nursing orders are written to corr
1. each medical order.
2. each nursing care objectiv
3. the unit in question.
4. the behavior of each patie

9. Nursing care activities very accor
and needs. These include
1. calling in other medical p
2. everything, except when th
special activities.
3. counseling the patient and
4. all of the above.

10. If a patient doesn't want to talk
1. leave him alone and respec
2. make herself available, in
3. tell him that he has to ta
4. call the physician right a

Concept	Behavioral Objectives	Learning Experiences
	At the end of this module the nurse will be able to:	
The nursing process is a method of effectively administering patient care.	Define nursing process. List in the correct order, the five steps of the nursing process. Briefly describe each step of the nursing process. Describe how the nursing process relates to the scientific method of problem solving.	Smith and Germain: Chapters 1 and 2 Filmstrip: Nursing Process (Available in Nursing Department) Readings: Carlson, Sylvia, "A Practical Approach to the Nursing Process." AJN, 2:1589. September 1972.
In order to use the nursing process, pertinent patient data must be collected.	Name types of data needed to gather information about the patient. Describe the importance of gathering various types of data for effective nursing care. Describe and utilize at least four sources to collect data. Describe subjective and objective observations. Describe why interpersonal relationships are important in collecting data.	Lewis, Lucile, "This I Believe . . . About The Nursing Process." NO, May 1968: p. 26-29. Aiken, Linda and James Aiken, "A Systemic Approach to the Evaluation of Interpersonal Relationship," AJN, May 1973:863-867. Veninga, Robert, "Communications: A Patient's Eye View." AJN, February 1973: 320-322.
Through the interpretation of data, the nurse is able to assess the patient.	Demonstrate the ability to identify deviations from established norms correctly. Assess physiological, psychological, and social factors to identify needs and problems of the patient.	Gibbie, Kristine and Mary Lavin, "Classifying Nursing Diagnosis." AJN, February 1974:250-253.

Concept	Behavioral Objectives	Learning Experiences
Through the use of patient assessment, a plan of care is designed to patient care needs.	Describe why the formation of goals for nursing action are necessary. Demonstrate the ability to decide how to plan care for specific patient needs. Demonstrate the ability to clearly state nursing plans and goals. Demonstrate ability to set priorities of care when given a real or simulated patient care situation. Explain the purpose of a nursing care plan and who uses it.	Garant, Carol, "A Basis for Care," AJN, April 1972: 699-701. Smith, Dorothy, "Writing Objectives as a Nursing Practice Skill," AJN, February 1971:319-320.
Through the implementation of the nursing care plan, the meeting of short and long term patient goals are possible.	Demonstrate ability to implement the nursing care plan to meet stated goals. Assess nursing skills to determine needs for review and update. Demonstrate ability to use skills in a real or simulated patient situation.	Castleton State College Laboratory Manual. Assessment of nursing skills to determine needs for review and/or update. Practice in CSC College Laboratory nursing skills, with use of various materials in simulated situations to update and refine nursing skills.
For the nursing process and subsequent care to be effective, there must be continuous and ongoing evaluation of nursing actions and patient outcomes.	Describe the importance of evaluation in meeting goals through nursing interventions. Describe methods for evaluating effectiveness of nursing care.	Pardee, Geraldine, et. al., "Patient Care Evaluation is Every Nurses Job," AJN, October 1971:1958-1960.

Concept	Behavioral Objectives	Learning Experiences
	Demonstrate the ability to realistically evaluate nursing interventions.	Nichols, Marion, "Quality Control in Patient Care," AJN, March 1974:456-459. In Clinical Facility: Caring for a patient, through the use of the nursing process.

NOT APPROVED FOR CASE-BASED CURRICULUM DEVELOPMENT

THE NURSING PROCESS

Post Test

CHOOSE BEST ANSWER:

1. The Nursing Process is a scientific approach to giving nursing care. It consists of (in proper order)
    1. planning, goal setting, implementation.
    2. assessment, implementation, evaluation.
    3. assessment, planning, implementation.
    4. goal setting, planning, evaluation.

2. Prerequisite knowledge that is needed in patient assessment is the ability to
    1. use medical skills adequately.
    2. identify deviations from normal.
    3. write nursing orders.
    4. utilize nursing quality control systems.

3. In goal setting, the nurse must be able to identify both long term goals and
    1. short term goals of the physician.
    2. provide needed care.
    3. immediate goals of nursing and medical regimens.
    4. determine if plans are meeting the goals.

4. The nursing interview, history, observation and physical examination are tools used in the following step of the Nursing Process.
    1. assessment.
    2. planning and goal setting.
    3. implementation.
    4. plan evaluation.

5. The evaluation of the nursing process is
    1. a final but continuous phase.
    2. completed, once the planning and implementation is over.
    3. only carried out, if you give the care.
    4. always carried out by the team leader only.

6. A reason for writing nursing care plans is
    1. mainly to direct all nonprofessionals.
    2. to clarify and solidify nursing goals.
    3. to be sure all medical directives are carried out.
    4. to communicate more effectively with the physician.

7. The statement of the actual plan for the management of a nursing care problem may include plans for the
    1. collection of additional data to better define the problem.
    2. dissemination of information.
    3. nursing treatment of a problem.
    4. all of the above.

8. In planning nursing treatments, we state objectives that are pertinent to a given
    1. hospital.
    2. problem.
    3. medication.
    4. solution.

9. The purpose of nursing care objectives are to provide a
    1. standard for hospital practice.
    2. means of evaluating medical care.
    3. focus for nursing care.
    4. guide to management problems.

10. Nursing care objectives should state the expected behavioral outcomes of the
    1. nurse.
    2. aides and other health workers.
    3. physician.
    4. patient.

11. Nursing care objectives must describe
    1. what the nurse is going to do.
    2. the expected behavior of the patient.
    3. exact orders for the health team.
    4. treatment plans by the physician.

12. Nursing orders are
    1. by nurses, for nurses.
    2. by nurses for medical care.
    3. by physicians for nurses.
    4. all of the above.

13. Nursing orders are written to correspond with
    1. each medical order.
    2. each nursing care objective.
    3. the unit in question.
    4. the behavior of each patient.

14. These should be written so that
    1. only the nurses can read them.
    2. each shift will have their own.
    3. they cannot be erased, once noted.
    4. any member of the health team will know exactly what to do.

15. A very important part of both nursing care plans and nursing orders is the
    1. communications between doctors and nurses.
    2. evaluation of the outcome for the patient.
    3. the identifying of staff that goof off.
    4. evaluation of the nurses ability to write clearly.

16. Once the planning phase is over, then it must be implemented. Intervention involves interaction between
    1. nurses.
    2. nurse and patient.
    3. nurse and health team members.
    4. all of the above.

17. In carrying out the nursing care plan, the nurse's actions must be
    1. generalized, to meet all the patient's problems.
    2. consistent with the nurse's philosophy.
    3. based on scientific principles.
    4. appropriate for every one.

18. There are similarities in many ways in patient care
    1. therefore, care should generally be based on these similarities.
    2. but each patient care plan should be unique.
    3. and is based on the nursing situation.
    4. all of the above.

19. Nursing care activities vary according to a patient's problems and needs. This includes
    1. calling in other medical professionals independently.
    2. everything, except when the patient is involved in special activities.
    3. counseling the patient and his family.
    4. all of the above.

20. They also include
    1. intervening in a crisis situation.
    2. coordinating care activities.
    3. managing and manipulating the patient's environment.
    4. all of the above.

21. Therapeutic techniques of communication must
    1. be purposeful.
    2. help the person with problem solving.
    3. contribute to that persons recovery.
    4. all of the above.

22. If a patient doesn't want to talk to the nurse, she should
    1. leave him alone and respect his privacy.
    2. make herself available, in case he wants to talk later.
    3. tell him that he has to talk sooner or later.
    4. call the physician right away.

23. If the nurse doesn't understand what the patient is saying, she should
    1. seek clarification from him.
    2. attempt to interpret his feelings.
    3. reassure him that everything will be alright.
    4. not probe, otherwise he may feel stupid.

24. A nontherapeutic technique in communication is/are
    1. the use of reflection.
    2. silence.
    3. telling the patient what to do.
    4. all of the above.

25. Your patient states that she does not want to live any more and feels depressed. This observation would be
    1. subjective.
    2. objective.
    3. all of the above.
    4. none of the above.

26. What information may be passed on to nurses that are directly involved in the care of the patient?
    1. all information secured by whatever medium of communication.
    2. only data directly observed.
    3. only information that has a direct/indirect bearing on the patient's care and condition.
    4. only information that has a direct bearing on the physical care required by the patient.